CHILDBIRTH IN BON SKOR TIBETAN COMMUNITY: BELIEFS, PERSPECTIVES, AND PRACTICES

Rdo rje dpal 'byor རྡོ་རྗེ་དཔལ་འབྱོར། (Duojihuanjiao 多吉环角)*

ABSTRACT

The cultural and ideological concepts, practices, and beliefs associated with traditional Tibetan pregnancy, childbirth, midwifery, postpartum, and infant care, as well as transitions in an agro-pastoral Tibetan community in the A mdo region through interviews with six local women, are presented in this paper. Four women had traditional home delivery, and two gave birth in a hospital. This study offers insights into childbirth rooted in a gendered context of customs on the cusp of change.

KEYWORDS

Bon skor (Wangshenke), Tibetan pregnancy, prenatal care, childbirth, afterbirth, midwifery

INTRODUCTION

This study of childbirth practices is focused on Bon skor (Wangshenke) Community,[1] Bya mdo (Shagou) Township, Mang ra (Guinan) County, Mtsho lho (Hainan) Tibetan Autonomous Prefecture, Mtsho sngon (Qinghai) Province, PR China. Situated at a latitude of 35°53'10.71"N and a longitude of 100°51'49.42"E, it is 112 kilometers south of Mang ra County Town in southeastern Mtsho lho and 200 kilometers (three hours by bus) from Zi ling (Xining) City, the capital of Mtsho sngon Province.

This pastoral-agricultural community had 2,200 residents and 570 households in five brigades (locally called *ru khag* and officially *dui*) in 2022. Grassland was divided and assigned to each household based on the number of family members and livestock from 2000-2003. Farmland was allocated to each household in 1983. Some families made a living by herding and farming, while

* Rdo rje dpal 'byor (Duojihuanjiao). 2023. Childbirth in Bon skor Tibetan Community: Beliefs, Perspectives, and Practices. *Asian Highlands Perspectives* 63:219-255.

[1]See Nangchakja (2016:53-166) for more about this community.

others only farmed. Certain locals sold their livestock because of a grass shortage and rented their pastures to other families. Families with sheep, goats, and horses moved from one pasture to another (leased grazing land) to herd livestock.[2]

Beginning in about 2019, families constructed large air-brick, closed-roof animal pens. Some families built them privately, while others received partial government support. Pens were mostly used for sheltering livestock in winter due to limited grass, harsh weather, and difficulty supplying water to livestock from distant water sources. Livestock were fed corn, barley, oats, and bales of hay. Tap water was also provided.

Sheep were the main source of meat and shorn during the fourth to sixth lunar months. Wool was used to make quilts, mattresses, and felt and was often sold for cash to Muslim buyers. A small amount of wool was used in religious rituals, for instance, making *rmu thag*[2] for *lab rtse*[3] renewal.

Barley, wheat, and canola were cultivated to make roasted barley flour, wheat flour, and oil, respectively, for home consumption. Surplus grain was sold for cash. Locals historically harvested crops by hand, but the current use of harvest machines means few people are required.[4]

Each household had a brick house built with government subsidy in the farming area that also featured a community ma Ni hall,[5] Yul lha temple,[6] and a community kindergarten and

[2]A local community leader provided this information.

[2] Very long wool threads. See Nangchukja (2011:230) for a photograph.

[3] A sacred place usually at higher elevation where mountain deities are worshipped.

[4] In August 2022, Bsod nams rab brtan (b. 1975) said he was the only community resident with a combine. He purchased it in 2020 and used it to harvest for locals and neighboring communities. He charged sixty RMB per *mu (*one *mu* = 0.67 hectares) and harvested about thirty *mu* daily.

[5] A place where religious activities (circumambulation, prostration, scripture chanting, turning prayer wheels, and so on) are held.

[6] After the community's relocation, a deity temple was rebuilt in the 1980s, three kilometers from the current farming area, where locals often burned incense to pray for prosperity and protection. A rig lha khang 'A rig Temple' refers to this temple. See Nangchukja (2016:100-103) for more.

elementary school for grades one to three.

Locals tended cattle in nearby pastures and fed them hay and leftover food. Cows were milked to provide milk, which was used to make butter, cheese, and yogurt for self-consumption. A few families earned income from selling milk and cheese to local community members. During the fifth to sixth lunar months, some locals went to Mgo log (Guoluo) areas to collect caterpillar fungus.

Hundreds of camels before 1958 were used to transport three to four times (tents and other belongings) as much as horses. However, only a few camels were in Bon skor Village in 2022. Fencing contributed to infrequent breeding.[1]

Official policy on environmental protection banned livestock from grazing on degraded pasture and pasture that was becoming desert, contributing to a dwindling number of people engaged in herding.[2] Many gave up herding, migrated to county and township towns to operate grocery stores, snack shops, and Tibetan clothing stores, and took jobs as restaurant workers, cleaners, and tailors. However, some people were unemployed because they lacked the skills or determination to do non-herding work. Some residents bought sheep, rented grassland, and resumed herding life.

Meanwhile, after 2000, children were increasingly sent to schools because of an awareness of education's importance and the nine-year Compulsory Education policy. In 1987, the County Education Bureau initiated a primary school project in the local community's farming area, and children were gradually sent to school. Each student was required to provide 500 kilograms of sheep droppings and cow dung for fuel, seven and a half kilos of mutton or yak meat, and one hundred kilos of grain. In addition, each student paid thirty to fifty RMB per semester. These

[1] See Wen changjia and Stuart (2014:110-113), Snying lcags rgyal (Nangchukja 2011:33-35), (Nangchukja 2016:59-62), and Skal bzang tshe brtan (2017a, 2017(b), 2021) for more on local camels.

[2] Certain grassland began to be restricted from grazing by government in 2016 with local grassland owners annually compensated 12.6 RMB per *mu*. In 2022, the subsidy increased to 15.38 RMB per *mu*. Grazing was still banned.

requirements continued until 2006.[1] Before the 1980s, schooling was nearly free in the local community.

This paper explores the cultural and ideological concepts, practices, and beliefs associated with traditional Tibetan pregnancy, childbirth, midwifery, postpartum, and infancy care, as well as childbirth transitions in Bon skor Community. In doing so, insights are provided into the traditional childbirth aspect of Tibetan women's lives grounded in a gendered context of rapidly altering customs.

A central purpose of having children in Bon skor is to continue the patrilineal line of descent by strongly favoring males over females. Childless parents often adopt a child (preferably male) from their siblings or close relatives to carry on their family line. If the children are only females, one of the girls must stay home, bring a husband to her home, and is expected to produce an heir. Giving birth to more than one child provides companionship among siblings and, importantly, mutual assistance between siblings when encountering predicaments. Locals feel relationships between cousins are more distant than siblings, highlighting the importance of having close siblings to assist in times of need.

A historical lack of contraception meant women had little choice in childbirth. Once pregnant, women had to give birth, sometimes against their will, and birth intervals were often short. When the first child was unwell, locals believed that having a second child would help the first child recover. The younger sibling was akin to the older sibling's amulet, protecting the older sibling from illness.

LITERATURE REVIEW

I recognize considerable research on Tibetan childbirth; for example, Google Scholar returned 7,910 citations when "Tibetan childbirth" was inputted.[2] Craig (2009), for example, described the biosocial landscape of pregnancy and childbirth among Tibetan

[1] See Nangchukja (2016:120).
[2] https://bit.ly/3fJczjT 5 October 2022.

communities in the Asian highlands. After a short dialogue about birthing with a local woman in the Tibet Autonomous Region (TAR), she explored Tibetan knowledge and practices while pregnant and parturition. She also described mortality and morbidity rates in Tibetan areas, how pregnancy and birth are intertwined with Tibetan Buddhism and medicine, and the nutritional prescriptions and restrictions codified in Traditional Tibetan Medicine (TTM) theory.

A tendency to generalize Tibetan birth-giving is evident, e.g., "women often give birth alone. Sometimes, women will deliver in an animal pen" (150), and "the consumption of alcohol is common during pregnancy in many Tibetan areas" (155). These generalizations do not describe childbirth in Bon skor.

Adams et al. (2005a) applied anthropological methods to collect data by interviewing thirty-eight rural Tibetan women in the TAR. The purpose of this study was to initiate a village birth attendant training program appropriate to the rural Tibetan context, where the maternal mortality ratio was reported to be as high as 400-500/100,000 for some areas, and the infant mortality within the first twelve months was as high as twenty to thirty percent (statistics based on reports from both the TAR Health Bureau (2001–2003) and the Mal gro gung dkar (Mozhugongka) County Health Bureau (2003), and independent reporting as part of One HEART's midwife training program reporting, monitoring, and evaluation). The study described and analyzed rural Tibetan women's conceptions of safe delivery according to biomedicine. Some findings of this study correspond with my study site, e.g.:

> …having a safe delivery involved doing a variety of things to protect oneself and unborn fetus and, later, the newborn, from potential harm. These efforts revolved around the following key categories: fear of attacks by spirits/demons and negative health effects of meeting strangers; fear of and taboos against pollution/defilement (grib)… (826).

Based on interviews with eight women, Klu mo tshe ring and Roche (2011) studied Tibetan childbirth in two villages of Rdo sbis Township, Xunhua Salar Autonomous County, Mtsho sngon

Province. This study site and mine are agro-pastoral areas 250 kilometers apart. Their study reports differences in childbirth practices. For example, one of the interviewees described the position during the delivery:

> When a woman is giving birth, we ask her to crouch and lean back against something. This makes birth easier, but the best way is for the woman to stand (53).

Moreover, the baby's grandfather puts the afterbirth in a cloth bag and buries it. However, in Bon skor, a woman often buried the placenta three to seven days after delivery. These differences highlight the need for more local studies to comprehensively describe the many Tibetan regional variations in childbirth.

According to a study by Kunchok Gyaltsen et al. (2007) of the lives and health of Tibetan women and children in rural Mtsho sngon, only thirty percent of women visited healthcare providers during pregnancy. Almost all (ninety-three percent) of the respondents gave birth at home. The rates of professional birth attendance were quite low because most village doctors were not trained to assist in childbirth. Moreover, most healthcare workers were men and culturally prohibited from childbirth in certain Tibetan areas. Furthermore, certain families couldn't afford to travel to or stay at the township or county town where medical care was available before the delivery. The same study noted that the national birth planning program from 1982-2016 increased awareness of and access to contraception in rural areas. Breastfeeding was common; ninety-seven percent of women indicated they had breastfed their babies. The authors concluded that women offered complementary foods to infants at one, two, and five months. *Rtsam pa*,[1] wheat flour soup, and meat were common supplementary foods given to infants, which accords with what my interviewees told me.

[1] A staple food made from roasted barley flour. Hot tea, butter, sugar to taste, and dried cheese were often added.

CONSULTANTS

I interviewed six local Tibetan women identified as 'consultants' in this paper in January, February, and August 2022. I talked privately to each (one-to-one) to reduce their discomfort and embarrassment. The interviewees' names have been changed to protect their privacy. Their ages are real.

Each consultant's background is provided, along with their childbirth experiences. Four had vaginal deliveries without intervention at home. They were the last generations practicing traditional home birth. In contrast, the other two had hospital deliveries, one by cesarean section and one by vaginal delivery.

Discussions with each consultant were shaped by questions prepared before the interview. The interviews were recorded on the phone. The women were also encouraged to talk freely about their birthing experiences beyond the questions. Afterward, I summarized their key points.

The interviewees used the terms used in the interviews, including Colloquial Tibetan (CT), Literary Tibetan (LT), and Chinese, which I clarified in the footnotes.

These six local women were chosen as consultants for this research for several reasons. First, they are women of different generations that lived in different social conditions. The two in their seventies and the two in their fifties represent the last generations to give birth at home. To illustrate recent changes in childbirth, two younger women who had experienced hospital delivery were included.

Women in their seventies were typical traditional women giving birth at short intervals without access to contraception. One gave birth to ten children, and the other gave birth to eight. Women in their fifties gave birth to fewer children due to government birth control policy and access to contraception.

ACCOUNT ONE: BTSUN KHO (b. 1944)

Women of my generation gave birth at home, which is different from childbirth today. We lacked access to physical examinations, prenatal check-ups, and

medical care from doctors who specialized in birthing.

Women gave birth to many children at very short birth intervals. Most women had eight to fifteen children. I gave birth to ten children. We did not have much choice in childbirth. Once pregnant, we had to give birth, sometimes against our will. When I stopped menstruating, I worried I would have another child who would be another burden, but I had no choice because I lacked access to contraception.

We lived in the time of the *gung hre* (Ch, *gongshe* 'communes'[1]), so I had to work in the *shengchandui* 'production teams' until I entered labor. Otherwise, I would not have received *gongfen* 'work points'.[2]

Though religious activities were prohibited, my family secretly asked a monk to chant *Tshe dbang*[3] during my pregnancy.

All the food was chemical-free, which made it healthier. As living conditions improved, more food choices became available; nevertheless, some

[1] The locally known *mi dmangs gung hre* (officially, *renmin gongshe* 'people's commune') were established in 1958. Locals also used *nga brgyad lo'i zing 'khrug* 'chaos in 1958', *za ma dka ngal gyi dus* 'food shortage period', and *'byor med yar langs* 'uprising of poor people' for that chaotic period. The state confiscated locals' farmland and livestock. Residents plowed land and grew, watered, and reaped wheat, barley, and canola. The state collected wheat, barley, canola, animals, and animal products from the community. The Village Committee controlled cropland and livestock. The harvest portion given to the state was *'bru khya* (LT: *'bru khral* (Ch, *liangshui*) 'grain tax'. The remaining wheat was placed in storage and later distributed to households based on *gongfen* 'work points'. According to Gsang sgrog, a local man (b. 1945), *zhing sa sger la bgo ba* 'assigning cropland to private owners', *zog lug sger la bgo ba* 'dividing livestock among private owners', Baochandaohu 'return property to households' policies were implemented in Bon skor from 1981 to 1982. Each household acquired individual farmland and livestock. Locals subsequently cultivated their own farmland and raised their own livestock. *Bzo zhing* 'agro-industrial' tax was another tax after the 1980s. Out of one hundred sheep and goats per household, seven to eight livestock were mandatory tax paid to the township town and government. *Bzo zhing* was abolished in the late 1990s.

[2] Those who could work were expected to support their families and had to work daily to earn *gongfen*, which was the standard for money and some grain distribution. Family members who could work supported children, elders, and the disabled who did not receive this portion.

[3] A scripture often chanted to protect a pregnant woman and her fetus and ensure long lives. After chanting, the woman consumed a small round piece of sweet *rstam ba* known as *tshe sgrub ril bu* 'longevity pellet' and tasted *tshe chang* 'longevity liquor'.

foods are harmful to pregnant women and fetuses and would likely lead to illness if consumed. The meat of a sheep killed by wolves or dead from being trapped in mud was taboo because it might change the baby's sex, cause an early birth, cause a child's death, and so forth.

The only source of medication was a Tibetan doctor in the local township town who often prescribed three types of powdered Tibetan medicine. One was for prenatal consumption, one during labor, and another for postpartum use. They were all supposed to relieve pain during and after labor.

People preferred having male children because they could stay home to continue the *khyim rgyud* 'lineage'.

We often predict the unborn baby's sex based on the curvature of the belly. If the belly is round and elevated, it is likely male. If the belly is flatter and lower, it is likely a female. Locals commonly remark that females sit forward and kneel in the mother's uterus, signifying they would move to another family when they marry. Males turn backward and sit cross-legged, meaning they would stay at home. My experience was in accord with what other women said. Labor for male infants was more difficult with back pain, while female infants were less difficult with abdominal pain.

I tied my firstborn to my back with a sash during the farming season and went to the fields where I hollowed out a small circular hole with my weeding tool and paved it with a plastic sheet where he could rest and lean back. We called this skyid dung 'joyful circular space'.[1] An umbrella was used to shade the baby when possible. Afterward, we weeded the fields and fed the baby when it cried. This was all common local practice.

As my older children grew up, they helped care for the younger ones, allowing me to leave them at home while I farmed.

Some women were attended by their husbands when they gave birth, but I was mostly accompanied by a close friend with eight children. We helped each other give birth. I carefully considered who to choose as a birth attendant because untrustworthy women speak negatively about you behind your back after serving as your midwife. My first childbirth was attended by a woman famous for having easy labor and often invited as a birth attendant. They believed her presence would somehow ease their labor. I don't know why, but I had easy labor for my first child.

My birth attendant was responsible for giving massages during labor

[1] A term local women used to describe a place where babies lay or sat while mothers were busy with agricultural labor.

contraction and cutting the lte thag 'umbilical cord' after delivery. Infants were wrapped in lambskin and washed three to seven days after delivery in lukewarm water with a few juniper needles and a bit of salt. After this initial wash, they were bathed once or twice yearly.

If I lacked breastmilk soon after birth, I often fed a bit of butter to the baby. A sheep is often slaughtered after delivery to help the mother gain energy and have sufficient milk for the baby. Before eating meat, my mother asked me to chew a piece of leg meat, spit it out, and then have sausage specially made for me. The main food I had was mutton broth and soup with *rtsam pa*. I also drank tea with black sugar that would help discharge the lochia.

Women were allowed one month of rest after birth during the communal labor period, but I only rested for seven days since no one could help me with cooking and house chores. After delivery, the commune administration provided black sugar and a sheep.

People often say that the postpartum period should last for one month. Gradual interaction with Chinese people influenced the concept of postpartum because my mother's and grandmother's generation didn't rest for even a day.

Women who gave birth in their husbands' homes were not allowed to give birth on the adobe bed where family members slept and ate since they were not from or born in this family. The delivery was thought to pollute the hearth or irritate the stove spirit, causing trouble for the family's well-being. Instead, they gave birth on the earthen floor, preferably near the thab ka 'adobe stove' where they could stay warm.

Conversely, a woman who gave birth at her natal home was allowed to use the adobe bed. Sheep or horse dung powder was prepared before the delivery. Horse dung was preferred because it had a mild smell compared to sheep dung. Besides, some said mares gave birth easily, so we used horse dung. A tattered sheep or goatskin discarded after delivery was placed atop the dung powder. Not all women could give birth in a predetermined place. Some women unexpectedly gave birth outside the home or in the family yard.

I did not move to my husband's home after my marriage. Instead, I stayed at my parents' home with my husband. Thus, I gave birth at my natal home and was allowed to deliver on my family's adobe bed covered with powdered horse dung and old sheep skin. During labor, I wore a *bang rtsag*[1] with nothing under it.

[1] Women in labor wore a sheepskin robe that had been typically worn in daily life.

I knelt and gripped a long sash fastened to a wooden ceiling pole to elevate my upper body to give birth.

It was considered harmful and potentially fatal if the *gzhug*[1] 'placenta' was not expelled soon after delivery. Local women hoped the placenta would discharge naturally. Several local women died when this did not occur.

Certain older community women removed a retained placenta by rolling the umbilical cord onto their index finger and slowly drawing it out. At the same time, the palm of the other hand circled the belly. One of my contemporaries died of excessive bleeding after a long period of placenta retention. I, fortunately, experienced no such problems.

We had no pads, so blood, secretions, and the placenta discharged onto the dung powder instead of the ground. It was considered harmful to the infant and mother if the latter occurred. Wet dung powder and the placenta were placed to one side. Within three to seven days, the placenta was packed in a bag with dung powder and buried in ashes outside the house, often by a woman. My mother buried mine beneath the house floor near the adobe bed. In other cases, it was buried beneath the doorway in the belief that it would prevent future harm.

For one to two weeks following the birth, cow dung or firewood was placed at the house entrance to signify that a woman had given birth. Only immediate family members were permitted to enter, particularly at night, to protect the mother and infant's health. In other instances, individuals were allowed to enter the house but were expected to step over a fire or through the smoke before entering. They were not allowed to enter a small separate room where the infant and mother resided.

A *'dzong khug* 'handmade felt bag with filtered fine ash' was most used to collect a baby's urine and excrement. The infant was often placed in this bag with the bag's mouth reaching the baby's chest. Two cloth strips fastened to the bag mouth were knotted to prevent the *'dzong khug* from sliding down. Caregivers occasionally stirred the ash wetted by the urine to balance the dried and wet ash. The ash was replaced at least twice a day.

A *bla ma* or monk often determined the *lag ljibs* 'baby's first clothing'. It was suggested that one of my children wear red clothes, so I used a piece of red cloth to make a dress.

We offered *bsang* 'incense' if the baby was a male, and an auspicious

[1] The term locals commonly used to refer to the placenta. *Bu rogs* 'baby's companion' was also used.

day was selected for the infant's first outing. A family member held the infant and circled the house, usually on a horse, for some minutes. There were no such activities after the birth of a girl.

A *bla ma* or a knowledgeable elder gave my children's names within three or seven days after birth. Children's names were changed if the baby was ill or cried a lot. None of my children had a name change.

When children cried a lot, especially at night, in a way they did not often do, we assumed loud noise had frightened them. In that case, I often held a piece of burning firewood or cow dung in a clamp and circled it over the child's head while saying:

TEXT AS SPOKEN

[1]དེ་ཞེ་ལི་(ཞེ་མོ) མ་སྐྱག

[2]ས་སྐྱག རྡོ་སྐྱག

[3]སྨྱེ་ལིང་དམར་དྲིས་སྐྱག

[1]ngi zhi li/zhi mo ma skyag.

[2]sa skyag, rdo skyag.

[3]mye ling dmar dris skyag.

LITERARY POETIC TEXT

[1]ངའི་ཞེ་ལི་(ཞེ་མོ) མ་སྐྲག

[2]ས་སྐྲག རྡོ་སྐྲག

[3]སྨེ་ལིང་དམར་དྲིས་འདིར་སྐྲག

[1]ng'i zhi li/zhi mo ma skrag.

[2]sa skrag, rdo skrag.

[3]me ling dmar dris 'dir skrag.

TRANSLATION

[1]Do not fear, my child.

[2]Fear earth, fear stone.

[3]Fear this little flaming fuel.

When I finished chanting, I placed the burnt fuel in a bowl of water before the infant to remove their fear, which often calmed the child. An infant's head, belly, and

chest were often washed with *khrus chu* 'sacred water'[1] blown on by a holy *bla ma* or a monk.

Zha nye skor ba 'lead melting' (a detailed description from another interviewee follows below) was another ritual. It was risky and should be practiced with caution. I rarely practiced it, though other locals often did, considering it beneficial.[2] When infants were taken outdoors, soot on a pot bottom was rubbed between their eyebrows or on their nose to prevent *grib* 'defilement'[3] that negatively affects infant health.

ACCOUNT TWO: LHA MTSHO (b. 1946)

Life was joyful and excellent before 1958 without any life concerns. We had rich and abundant food - butter, cheese, yogurt, *rtsam pa*, and meat - and splendid coral necklaces, silver adornments, and robes. Our life changed dramatically in 1958. People experienced food shortages, and my beloved family members died because of the chaos. In the year I was twelve, communal labor began. Farming and herding were separated. I stayed in the farming area, where we plowed fields and cultivated barley, canola, and wheat. Horses, donkeys, and mules pulled a threshing stone over wheat and barley stalks spread on the threshing ground. The grain was put in the communal administration granary, and we dined collectively in the communal restaurant. Sometimes, we consumed wheat bran and wild edible plants.

I married when I was seventeen and moved to my husband's family. I gave birth to eight children. One was stillborn.

It was inevitable to give birth to many children during my time because we had no contraceptives like today.

I was very sick, lacked appetite, was tired, and vomited a lot during my first trimester of pregnancy. We had no medication.

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[1] Sacred water was used to soothe infants and was also believed to remove ailments from the body via the power of *bla ma* or monks chanting scriptures while sanctifying the water.

[2] For a vivid 2019 video example of using molten lead with a child in Chu ring (Qurang) Village, Thang dkar ma (Tanggemu) Town, Gser chen (Gonghe) County, Mtsho lho Prefecture, see Skal bzang tshe brtan (2019).

[3] Invisible pollution that causes human illness, usually through encountering unclean things, eating contaminated food, and wearing unclean clothes.

I longed for a son because a man's great physical strength allows him to work hard. Depending on a son-in-law is difficult. More importantly, a son is an honor for the parents after their deaths since he deals with their corpses rather than other males. A daughter is not allowed to do this.

During my first pregnancy, my father-in-law consulted *bla ma* about my safety and my unborn child's. The *bla ma* advised that I not eat meat from outside, especially *gri sha/ dbab sha*[1] and *tshe thar* 'free life',[2] offer incense, and return to my natal home to safely give birth to a son. My family did what he advised. Religious activities were banned, so we couldn't do much religious chanting or ritual.

My first child (a son) was born in my natal home in a black-yak-hair tent at the *mo khyim* 'women's side' near the tent opening, instead of at the back of the tent and *pho khyim* 'men's side'.[3] The childbirth and discharge were considered filthy, polluting, and would irritate the deities, so *bang lud* 'dung powder' was spread on the ground, and I gave birth, kneeling and wearing a sheepskin robe. It lasted three days and was my most difficult labor. My mother and another woman who had easy labor attended me, massaging my back. At midnight, during my labor contraction, my husband confidentially called a local tantric practitioner who families often summoned during difficult labor. He chanted scriptures, blessed me with prayer beads, and sprayed *khrus chu* over my body from his mouth. When labor was prolonged, my uncle offered incense and sprinkled alcohol for local deities, imploring the mountain deities to protect and

[1] These terms locally referred to meat of a sheep that had died from falling down a mountain, wolf attack, or stuck in mud.

[2] This term described the custom of liberating/saving a sheep from death (*tshe blu* and *srog blu* were also used). Liberating a sheep, according to Lha sgron, involved smearing butter on the horns, all four hooves, nose, ears, upper lip, and tail. A woolen thread knotted with a tuft of wool (*srung rtags* 'protection mark') was attached to sheep's back. Juniper needles were burned for purification. Afterward, *chu dkar dkar* 'white water'/'water mixed with milk' was poured onto the sheep from its rear to its head while *chu nag nag* 'black water'/'cold water' was poured from the head to the rear. It was a good sign if the sheep shook. Locals believed this ritual helped a person have a long life. After an animal was freed, it was not slaughtered but could be sheared and its lambs could be slaughtered.

[3] Gender determined where men and women sat in a black yak-hair tent. The *mo khyim* 'women's side' was on the left when entering a tent and to the right was the *pho khyim* 'men's side'. Buddhist images or scriptures were often at the upper part of the men's side.

bless my baby and me. Meanwhile, my husband secretly went to the former A rig lha khang 'A rig Temple' site[1] and offered *bsang*, put sheep wool on a caragana tree to liberate the trees[2] there, and implored Yul lha that I safely give birth.

Widows and women whose children had died were not allowed to be birth attendants for fear they would bring bad luck to the unborn baby.

Soon after birth, I didn't have milk to nurse my son, so my husband fed him a little butter. A day later, my family slaughtered the sheep the commune administration provided. I gained strength and energy and produced more breast milk after having *rgyu sha*.[3] I also often had a watery mixture of tea with black sugar. Occasionally, a small amount of deer musk was added to mutton soup, which was good for my recovery.

It is extremely important to keep warm after childbirth, so I wore my sheepskin robe and wrapped my head with a headscarf to stay warm. My mother and aunt often said that if a woman does not remain warm and touches cold water, she may have health issues such as joint pain, menstrual disorders, etc. They often said drinking cold water after delivery was deadly, so I avoided drinking anything cold. Also, it was said that cold wind blowing into the eyes soon after birth would hurt the eyes.

We attributed health issues after the first childbirth to the incomplete discharge of lochia and inadequate attention to diet and physical protection. We believed a woman would recover from the second childbirth, provided she protected herself appropriately, for example, keeping away from cold drinks and staying warm by wearing a thick sheepskin robe for at least several weeks, which would facilitate lochia and any bad secretion expulsions retained during childbirth.

I gave birth to children with my husband's assistance after several childbirth experiences with female birth attendants. I severed the umbilical cord, washed my newborns with lukewarm water containing a few juniper needles, and wrapped them in lambskin.

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[1] This local deity temple was built in Bon po zhing kha (the former Bon skor Community location thirty kilometers from the current location) and was destroyed during the Cultural Revolution (1966-1976). Afterward, some locals secretly went there and burned incense. The temple was rebuilt at its current location after resettlement in the 1980s.

[2] Locals customarily liberated trees by attaching sheep wool tufts to the branches, signifying cutting such trees was taboo. Trees were liberated for longevity and to sustain life, especially in the case of illness.

[3] Sausage stuffed with blood and minced meat from sheep legs and the neck specially made for lying-in women.

Infants' clothes were not prepared before their birth. Instead, we made clothes after asking a knowledgeable person for the color of the clothes they should wear.

A fetus's sex may change in the mother's uterus or shortly after delivery. A male can change into a female but not vice versa. For example, strangers' arrival at night at home during late pregnancy is believed to cause a sex change, so pregnant women are generally not allowed to greet guests. Also, foods from outside the house are considered unhealthy because they might cause *grib*.[1]

During one of my late pregnancies, my husband and several carpenters came to my house late in the afternoon. I had acute abdominal pain that night, and my labor started. A *bla ma* had predicted that the baby would be male, but it was female after birth. We believed that the sex had changed because of the carpenters' arrival. Soon after birth, I saw that my daughter's vagina was red, which suggested that her sex might really have changed.

Locals often said when a male infant is born, a person should immediately touch the infant's penis to prevent sex change.

My oldest son was frequently ill with fever and diarrhea from the time he was four months old. A local *bla ma* told my husband and me that a younger sibling would be the older sibling's *srung* 'khor 'amulet', meaning that the presence of the younger sibling had the power to protect the older sibling from illnesses. Consequently, he recovered after I delivered my second child.

I gave my children short two-syllable *gces ming* 'nicknames' based on their formal names. Nicknames are convenient and signify love and care.

Infants often slept with their mothers, who were primary caregivers for the infants after delivery. Fathers seldom engaged in childrearing. Although fathers sometimes provided temporary care for children, the frequency and duration of such care did not match that of the mothers. The mother woke up three to four times to breastfeed the newborn. In extreme cases, a mother stayed up all night to care for a constantly crying newborn. Mothers slept less than fathers, who slept as normal. During the day, mothers carried their children while doing housework. Some mothers carried their newborns tied with a sash on their backs, while others put them in their robe pouch.

My older children played an important role in childrearing, caring for their

[1] Pregnant women and fetuses were considered vulnerable and easily influenced by *grib* people and items might bring. A fetus undergoing a sex change might have resulted from a pregnant woman encountering *grib*.

younger siblings, and lessening my burden.

Infants frightened by loud noises, animals, vehicles, and so on often cried and sometimes screamed, especially at night. To dispel the fear, we practiced *zha nye skor ba*. Lead was melted in a ladle with a piece of sheep fat over a stove's open fire. When it was completely molten, the scoop was swirled above the baby's head with the person holding the scoop saying:

ORAL TIBETAN

[1]ས་སྐྱག་རྡོ་སྐྱག
[2]མྱེ་སྐྱག་ན་མྱི་'དྲ་'དྲ།
[3]ཁྱེ་སྐྱག་ན་ཁྱི་'དྲ་'དྲ།
[4]སྐྱག་སྐྱག་ཐམས་ཅད་'དེ་ཤོག

[1]Sa skyag, rdo skyag.
[2]Mye skyag na myi 'dra 'dra,
[3]Khye sgyag na khyi 'dra 'dra,
[4]Skygs skyag thams cad 'de shog.

LITERARY TEXT

[1]ས་སྐྱག་རྡོ་སྐྱག
[2]མི་ལ་སྐྲག་ན་མི་འདྲ་འདྲ།
[3]ཁྱེ་ལ་སྐྲག་ན་ཁྱི་འདྲ་འདྲ།
[4]སྐྲག་སྐྲག་ཐམས་ཅད་འདིར་ཤོག

[1]Sa skyag, rdo skyag.
[2]Mi la skrag na mi 'dra 'dra,
[3]khye la skrag na khyi 'dra 'dra,
[4]skrag skrag thams cad 'dir shog.

TRANSLATION

[1]Fear earth, fear stone.
[2]Fear man, akin to man.
[3]Fear dog, akin to dog.
[4]All those feared may come here.

After swirling the scoop of molten lead three times, it was poured into a bowl of cold water in front of the infant. The infant's attention was drawn to the

lead as it was poured into the water. Locals assumed the molten lead would solidify into an image resembling a dog, cat, or a man that had terrified the infant. The dread was removed by touching the infant's forehead and chest with the solid lead removed from the water. Finally, the lead was melted again into a circular shape, a hole was made in the middle, and then fastened onto the infant's clothing with a thread to protect the child from fear.

ACCOUNT THREE: BYAMS SKYID (b. 1962)

I began tending my family's goat kids and lambs when I was six. My parents divorced when I was six. My mother and grandmother raised me. It was the era of communal labor when the whole community shared pastureland and livestock. We lived in a black yak-hair tent in the pastoral area of our community and migrated seasonally to tend sheep and goats. We were sometimes required to go to the farming area to plow and weed communal fields and harvest barley, canola, and wheat.

Recently, most people have given up herding livestock and farming and have moved to the township town, where officials constructed houses for them. But I am reluctant to give up herding because there is no work I can do to earn a livelihood in a township town. So I am still here in the old place, herding sheep, even though my family owns a brick house near the township town.

I married at twenty-two and moved to my husband's family near the Rma chu 'Yellow River'. I gave birth to four children. I delivered my first child when I was twenty-three.

I didn't know I was pregnant until I told a woman I craved and even dreamed of dumplings. She said that I was going to have a child. It was true.

Women generally conceal pregnancy, so I only told my husband when I was pregnant. Others know you are pregnant when your belly protrudes. I never visited a doctor nor had medical tests during my pregnancies.

Although life was challenging, I longed for children. Children need to have company while they are young and elderly. Besides, there was no birth control until the mid-1980s. It was prohibited for women to have more than three children. Local women were required to undergo *jiezha* 'sterilization'.[1] Physicians came to the community yearly to take women to the local township town for sterilization,

[1] *Jiezha* is a Chinese term learned from local doctors for ligation. No Tibetan term is used.

but I didn't go. I didn't have time to rest. No one would have cared for me after the procedure. The government fined my family 300RMB after my fourth child, a huge sum then.

After my first childbirth, I spent five days in bed, put on a sheepskin robe, and resumed weeding the fields with other women. At noon, my mother-in-law requested I return home and prepare lunch. I kneaded the fermenting dough to make bread, but my mind went blank. When I regained consciousness, I realized I had fallen and stepped on the dough. The metal plate for holding bread lay next to me. I was dizzy and had no idea how I had fallen. I had difficulty concentrating on what I was doing until it finally registered that I was preparing lunch.

I quickly stood with an anxious and concerned mind. I worried about handling the dough I had stepped on, now contaminated with dirt. I was terrified that others would see and humiliate me as a newlywed, so I threw it into a pigsty trough. Despite being famished, I was exhausted from making bread and frying potatoes for lunch.

Twenty days after delivery, I was so weak and disoriented that I could no longer do household duties. I had no desire to do anything but lie in bed and sleep. Understanding my situation, my uncle came on horseback with another horse and escorted me to my natal home, where my family slaughtered a sheep for me. I recovered after many days of rest.

There were criteria for women chosen as birth attendants at that time. There were no professional midwives. Normally, women were invited to serve as midwives who were not widows, had multiple sons, and none of their children had died. We believed being accompanied by those women eased the delivery process and made birth safer. Conversely, widows and those whose children had died carried bad luck.

A local woman with thirteen children attended my first birth. I gave birth alone to my other children. Unlike most women, I wanted to give birth alone. I didn't even allow my mother to attend to me during labor. I felt uneasy and uncomfortable delivering near a midwife. Despite the intense agony of labor contraction while delivering my first child, I could not utter a sound. After labor, I found that my quilt was torn because I had gnawed it.

I became pregnant with my second daughter at the age of twenty-six. The most memorable and dangerous work I did during my pregnancy was on the roof of a house on the verge of collapse. The house was very close to the rising Yellow

River.[1] One afternoon, I collected timber from that house to build an adobe house in an area where we herded around eighty goats. The roof suddenly collapsed as I removed soil from the roof, sending me plummeting to the ground surrounded by wood and roiling dust. I was unable to move. I sat there with extreme pain in my waist until my husband arrived late in the afternoon. Fortunately, I landed on my buttocks, and my belly was unharmed, or I might have miscarried. The discomfort in my back lingered for months, even during labor. It was the most excruciating childbirth I experienced.

Toward the end of my fourth pregnancy, my spouse and I split the cropland and harvested evenly. I harvested wheat with a sickle while physically frail and uncomfortable with intermittent leg cramps and swollen feet. I had never complained before, but sometimes I couldn't help but groan from the searing pain in my legs and back. This annoyed and infuriated my husband, who accused me of being slow. He left soon after completing his portion of harvest duty. The weather was sweltering. I used every bit of my energy until late afternoon to finish my duties and prepared supper after I returned home.

My first and second children were girls. We wanted a boy, so my family invited Bla ma Kho tshe[2] (1949-2016) to our home. He instructed me to go to Sku 'bum Monastery,[3] chant *Gcod pa*[4] 500 times, and prostrate in front of the Gser gdung.[5] I did what he advised and eventually delivered a son.

I longed for a son because a male doesn't need to experience many of the hardships experienced by a female, such as menstruation, childbirth, and raising children. Besides, women must leave their parents and serve their husbands' families while a man can stay home and pursue his interests.

We usually guess the baby's sex through the shape of the mother's belly.

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[1] In 2007, the rise of the Rma chu rose due to the dam creating Tshal rgna Reservoir 'Longyangxia' led Brigade Five to resettle near Mgo mang (Guomaying) Township Town, Mang ra County.

[2] Locals greatly respected this *bla ma* from Khri ka County, who was often invited to local homes and communities after a death and associated religious rituals, and when a person was severely ill.

[3] Sku 'bum byams pa gling, a Tibetan monastery in Tsong kha (Huangzhong) County, was twenty-six kilometers from Zi ling (Nian and Bai 1993:39-45). Today, this monastery is in the administrative region of Zi ling City. See Smith (2017:224) for a photo of the monastery.

[4] A scripture often chanted in the hope of having a son.

[5] A small temple with a stupa built on the site of Rje tsong kha pa's (born in Tsong kha in 1357 and the founder of the Dge lugs School of Tibetan Buddhism) birthplace at the contemporary Sku 'bum Monastery.

If the belly is round and elevated, it is likely male, while it is likely a female if it is flatter and lower. Also, the baby is probably a girl if the mother has significant physical discomfort, such as nausea, lethargy, and loss of appetite. In contrast, if the woman has no physical discomfort in the first trimester, the baby is likely a boy.

Before my third labor, my *bang chu* 'amniotic fluid' leaked as I sat on the ground near the pigsty with my mother-in-law and another woman. I was too embarrassed to tell them or stand. I waited till their departure. My trousers were smeared with dirt. I immediately returned to the house and put on my robe. There were no further indications of impending birth for the next two days. On the third night, my abdomen was uncomfortable, but I did not inform anyone, not even my husband, who had gone to bed after supper. When someone was near me during labor, I felt restricted and uncomfortable. I retreated to the small bedroom I shared with my husband and locked the door.

My mother visited me at the time, coinciding with my delivery. At night, she went to bed. I did not tell her or my husband that my belly was uncomfortable. The discomfort had started in the late afternoon. When I am alone, I feel comfortable and at ease. I was unprepared for delivery, so when the labor pains subsided, I hurried outside to collect a full basin of soil and spread it on the floor near the adobe stove.

My mother noticed my constant movement between the bedroom and the house and came to the door of my room several times, asking about my situation. I refused to let her in, insisting I was fine and showing no indication of discomfort. I don't know why, but I find other people's approaches irritating. Finally, I delivered a son, my third child, early in the morning. Shortly after birth, I asked my husband to get up and hand me the scissors and threads I had prepared and placed on a desk.

Not knowing that I had just given birth, he responded furiously, "Why are you waking me? I must get up early in the morning to work."

When he heard the baby's screams, he sprang out of bed, ran to me, and complimented me. He was so delighted he could not locate the scissors and threads on the desk. He left after handing me the scissors and two threads. I put the infant between my outstretched legs in front of me and tied the cord on both sides, leaving two centimeters on the baby's and mother's sides.

After birth, my husband notified my mother. She hurriedly arrived and scolded me for not informing her during labor. Worse, she was enraged when she realized the baby had been born on the earthen floor without covering the floor with sheep dung powder to prevent blood discharge and afterbirth from contacting

the earth. Locals often say this irritates certain spirits and adversely affects children, who might get pimples on their faces and cry. My mother buried the placenta deep under the ash accumulation from the adobe stove in a ditch near my house the next day.

After three days, I washed the baby with lukewarm water containing milk and pine needles.

After a few days of rest, I was expected to get up and resume housework. I washed my hands and face and burned incense to cleanse myself before doing chores.

My husband rarely cared for our children. I often carried my child on my back with a sash to do farm work and housework. Once the older siblings matured, they could alleviate my childcare burden.

After birth, I often woke up four to five times to breastfeed. I can't forget one evening just a few days after my second childbirth. Around midnight, my drunken husband and some of his friends returned home, drank beer, and made a lot of noise while I was caring for my elder daughter and my regularly crying infant. Later, I was told to get up and prepare food for them. I did it while caring for my infant, or my husband would have been angry and beaten me.

My husband went to the local monastery to ask an older respected monk for a name for my child. The monk would write the name on a piece of paper. After seven days, my husband unfolded the paper with the name and said the name in the baby's ear three times in an undertone.

When a child cried a lot, I melted lead in a ladle and circled the child's head with it to rid them of fear. I would also ask a *bla ma* or monk to divine. He usually suggested we chant certain scriptures, which was very useful. If those methods didn't work, we changed the child's name. For example, my younger daughter often cried, especially at night. When religious rituals for her didn't work, the tantric practitioner gave her a new name. She then became better.

I fed my children wheat flour soup from the second month. I breastfed my children until they were at least one and a half years old. When it was time for my children to first consume meat, I fed goat's tongue to my sons, which locals often say helps the child become a good speaker. I gave rabbit meat to my daughters to help them become more intelligent.

The most common thing we used at that time for dealing with infants' urine and feces was the *tha khug*. Ash in the bag absorbed the infant's urine. I changed the cloth diaper when the baby defecated, which is healthier than modern diapers.

We didn't have sanitary pads at that time. Women gradually used pieces of cloth when they wore pants. Soon after the placenta emerged, I sat and attached the warm placenta to my vagina to relieve the tearing pain. My mother-in-law gave this advice.

The placenta was retained after the birth of my third child, causing more agony. An experienced Chinese woman from another village eventually arrived and instructed me to lean against a bag of dry grass, rolled her palm on my belly, and told me to blow into an empty bottle. The placenta was then easily expelled. I would not be alive at this moment if not for her.

The local custom goes that the family should slaughter a sheep shortly after a woman gives birth to recuperate from physical fragility and have enough milk to breastfeed the newborn. Meat, mutton broth, and *rtsam pa* were the common foods I consumed after delivery. I avoided drinking and contacting cold water, commonly thought to lead to gynecological diseases and joint pain. But it was inevitable that I would contact cold water, so now I have a sore back and arthritis. I think it is because I lacked rest after birth.

Women mostly went to their natal homes to give birth, but I didn't because my husband and I had a separate house, and no women would replace me to do house chores, so I had to stay home.

ACCOUNT FOUR: SGROL MTSHO (b. 1968)

I was born in Bla brang[1] and raised by my aunt. My relatives arranged a marriage for me when I matured, but I fled. In 1990, I first met my current husband, who was with his friend in Bla brang. We planned to go to Lha sa, but we couldn't. We eventually went to my husband's community, staying at his friend's house. His father was a local leader, and the family owned a lot of sheep and goats. Once we arrived, the family welcomed us and slaughtered a sheep. My husband and I stayed there for several days, and I helped the family milk goats. I was initially surprised that goats' horns were tied together with rope for milking. I then imitated the women milking goats by stretching their hands between the goats' back legs to squeeze the teats.

Three days later, my husband's brother-in-law arrived on horseback with ornaments, two more horses, and two new robes. A local woman helped me dress in both robes and put on the silver adornments. I was a newly-arrived wife, so local

[1] Located in Bsang chu (Xiahe) County, Kan lho (Gannan) Tibetan Autonomous Prefecture, Gansu Province.

custom required I wear new robes and adornments. Afterward, we mounted horses and rode to the summer pasture residence of my husband's family.

After a few months at the summer pasture, I began suffering physical discomfort and protracted headaches. Finally, my husband and I rode horses to the township town hospital, where I was examined. I was told I was pregnant, explaining my pain and discomfort.

During my pregnancy, I mostly stayed in the pastoral area but occasionally went to the farming area to do farm work. I herded sheep, spun yarn for weaving, and softened sheepskins. This was difficult for me in the beginning. I used my hands to awkwardly recoat *sgo ra*[1] with mud to improve its appearance. I couldn't coat it as smoothly as my mother-in-law, leaving conspicuous handprints on the wall. My mother-in-law was not satisfied and scolded me for doing it poorly.

No one had told me about childbirth before my first delivery, so I knew nothing about it. I had a lot of fear the first time but less during my second and third deliveries.

I felt ill during my first pregnancy's third trimester, so my father-in-law rode a mule to the township town to get Tibetan medicine from the only Tibetan doctor there.

My abdomen ached intermittently for twenty days before giving birth. There was no midwife, I was often in pain, and nobody knew when I would give birth. My firstborn was premature. My in-laws slept in a yak-hair tent, while my husband and I slept nearby in a modest adobe house. My husband rubbed my back occasionally when I was in pain at night. It was the only thing he could do to alleviate my nightly discomfort and inability to sleep.

Persistent pain convinced my family I should visit the local township town hospital the next day. In excruciating pain and needing to urinate frequently, I was forced to lie and sit throughout labor. My husband, who was used to hearing my constant wailing, lay half asleep. Occasionally, he asked whether he should massage me.

[1] According to Tshe gzung skyid, it is a wall built at the front of the black yak-hair tent in winter to block cold wind from entering the tent. It was generally made with blocks of soil or sod blocks joined with dirt mixed with filtered horse dung. When the wall dried after three to four days, women used their palms to coat the wall with clay. The wall reached the edge of the interior surface of the tent and had the same width as the front part of the tent. The center of the wall had a cloth-covered gap for people moving in and out.

At midnight, while squeezing and enduring the pain, I sensed something come out of my body. My daughter was born without a cry. I couldn't see her since there was no light, and I dared not check on her. The pain disappeared instantly. I told my husband, and he called my mother-in-law. Later, something else came out. I moved away from it with no idea what it was. I was unsure of what to do. My mother-in-law arrived holding a *ting pra* 'oil lamp'[1] and without a sash around her robe.

She examined the newborn under the dim light and worriedly said, "It's a girl. I am not sure if she will live."

She cut the umbilical cord and covered the newborn in lambskin. She was smaller than normal infants and couldn't nurse for some time.

I had no milk shortly after birth, so my mother-in-law obtained breast milk from her daughter, who was breastfeeding her one-year-old son. A little ball of wool was dipped in milk and squeezed into my infant's mouth.

Widows and women whose children have died were not allowed to be midwives. Unlike my first delivery, women helped me in my later deliveries. I delivered on the ground covered with powdered sheep dung and an old sheepskin in front of the adobe stove. I stayed on it for seven days after delivery. The placenta and other discharges went on the powder while the placenta was placed to one side. The placenta was placed in a bag with dung powder and buried under ashes outside the house for three to seven days. It should be buried as deep as possible. Some children tend to vomit milk after breastfeeding, which is believed to be because the placenta is not buried deep enough.

The umbilical cord should be tied on both sides before being severed with scissors. It is risky if the mother's side is untied. This may cause excessive bleeding and inhibits the placenta from being expelled.

Once the placenta fell onto the dung powder after childbirth, I attached it to my vagina until it cooled to help me recover from vaginal tearing. I used cloth as a sanitary pad.

Only family members could contact my infant and me seven days after delivery. I resumed house chores ten days after delivery. I did not consume spices, cold water, or much salt for one month, fearing this would harm my health and my nursing child.

I was collecting firewood in a remote area during my third pregnancy

[1] *Ting pra* (CT). *Kar mye* (LT: *dkar me*) was also used. *Ting pra* refers to traditional lamps holding oil or melted fat that used cotton wicks.

when painful contractions began, so I quickly set out with my donkey loaded with the firewood I had gathered. I had a sharp pain on the way, so I sat on the ground and endured it as the donkey advanced. I hurried to catch up with it when the agony subsided.

My first two children were girls. The third was a boy. My father-in-law was excited when he knew it was a boy, offered *bsang*, and blew a conch. My father-in-law's brother, a knowledgeable monk, named all my children after seven days.

Children's hair is traditionally not trimmed until they reach the age of three. Two of my daughters were left with *ra ba* 'a tuft of hair braided into a little plait' symbolizing hope for a future sibling.

I used *tha khug* for the first two children but later used long fabric strips that can be recycled as diapers. When the children were around fourteen months old, I bought pants with an open crotch made by a Chinese woman from the neighboring village, which helped them urinate easily.

When children cried a lot, we used *khrus chu* that a tantric practitioner or *bla ma* had blown on to wash the baby and chanted scriptures assigned by a diviner.

ACCOUNT FIVE: BZANG MO (b. 1987)

I was born and raised in a black yak-hair tent with five siblings. I anticipated attending school, but my parents refused, insisting I tend goat kids and calves. My two younger brothers attended school but quit after elementary school. When I was thirteen, I began to tend my family's livestock alone on collective pastureland while my parents did agricultural work in the farming area. We often used a cart drawn by a donkey or mule to fetch water from a remote place with running water in the herding area.

When I became an adult, my father, who is skilled at making Tibetan clothing, offered to teach me how to make garments and robes so I could run a small Tibetan clothing business in the township town. I was uninterested and continued herding livestock, which I enjoyed.

I married when I was twenty-seven. I have one child and look forward to having more children, but I can no longer become pregnant.

My mother gave birth in a black yak-hair tent, but I gave birth at a hospital in Mgo mang (Guomaying)[1] Township. I had two Ultrasound B tests during my

[1] Mgo mang is in the northwest of Mang ra County.

pregnancy.

My husband and I went to Bya khyung phag mo[1] at Bya khyung Monastery[2] when I realized I was pregnant. We offered a *kha btags* 'white silk scarf', one hundred RMB, and *snyan shal*.[3] We asked for prayers and blessings for my unborn child. My husband and I knelt in front of the Bya khyung phag mo image, which was covered with cloth in a glass enclosure, while the monk manager said the prayers loudly for a few minutes. The monk later gave us a piece of bread and a folded paper with two names, one for a girl and another for a boy, bound with sacred red thread. I stored them in a case in a high space in our home shrine room.

An auspicious day was chosen after delivery. We unfolded the names paper and chose the girl's name for my daughter - 'Phag mo nor bu'. All the names given by Bya khyung phag mo are featured with the insertion of two syllables from the name-giver's name. After dipping the dried bread in hot water the same day, I ate it.

As my due date approached, I left my husband's home and returned to my natal home. My mother and I later leased a room near the hospital in the township town since my natal home was far from the hospital. We went there in advance to minimize health risks. We rushed to the hospital as labor started, and the water broke. My mother was not allowed in the delivery room. Soon after being attended by two nurses and a doctor, I gave birth to my daughter without much difficulty because I performed one hundred prostrations every day from the beginning of my pregnancy until the day of delivery. With the help of the physicians, I felt safe but timid and humiliated because it is culturally considered shameful to expose your vagina to anyone.

Today, we are fortunate to give birth in hospitals since we receive medication or IVs to prevent issues such as retained placenta or infection. I haven't had any gynecological health issues thus far, which I credit to the hospital delivery and the great care and rest I had after delivery. It costs 2,000 RMB with

[1] Bya khyung rdo rje phag mo is a supreme being with the power to save infants from death. Locals often asked for protection from this being, especially when a woman had experienced a stillbirth, and prayed for blessings and protection for the next child. Meanwhile, people visited to pray for a son before the pregnancy.

[2] According to Nian and Bai (1993:51), Bya khyung yon tan dar rgyas gling (Brag bya khyung/Bya khyung dgon ba) was located thirty-five kilometers in the west of Hualong Hui Autonomous County on Bya khyung Mountain. It was founded by Chos rje don grub rin chen in 1349.

[3] A long strip of (yellow) fabric with patterns (dragons) offered to deities.

medical insurance. It is more expensive at hospitals located in major cities.

After three days of IVs at the hospital, I was discharged and spent one month at my natal home to rest and tend to my child while my mother and sister cared for me. I was very careful about my diet and health. I abstained from chili, garlic, spices, and cold water. I consumed black-sugar tea, *rtsam pa* soup, and mutton broth.

Doctors spoke Chinese to me during my delivery. I couldn't understand, so they got angry and scolded me, making me feel bad. It wasn't easy if we didn't understand Chinese in the hospital. They scolded my mother when my baby was born for not buying a wash tub to wash the baby.

People offered fruits, mutton, and cash to the doctors to ensure a good attitude and treatment during delivery and other treatment. We didn't do that, and maybe that's why they had a negative attitude toward me.

Another negative thing about hospital delivery was cutting the vagina with scissors and later sewing it. Many women complained about this. We all prefer to deliver the babies naturally without cutting.

Nowadays, no woman in the local community gives birth at home due to accessible transportation and advanced medical care in towns. Many women feel it is safe to give birth in a hospital where there is support from medical professionals in case of infection, excessive bleeding, or retained placenta, which have caused the death of many women. Since around 2010, women have been required to give birth in a hospital, or the newborn won't be able to obtain a birth certificate for household registration, which may cause a lot of inconvenience to the child.

On rare occasions, women who live in remote herding areas with geographical barriers accidentally have quick labor before they can reach a hospital. Women in the herding areas and those with heavy family burdens travel to the hospital only when labor begins. Conversely, women with formal education who work in urban areas are hospitalized in advance to wait for or induce labor. Some women receive routine hospital testing from the beginning of their pregnancies and participate in activities beneficial for giving birth. However, such examinations and activities are costly and less prevalent in the local community. Locals seldom opt for an epidural while giving vaginal birth despite potential discomfort.

The last time I was weeding in the fields with some women, they described difficulties they encountered in the hospital - linguistic and cultural challenges. One said, "Doctors spoke aggressively to me when I didn't

understand what they said and scolded me for not preparing things that are needed for the baby and the mother."

The practice of resting after childbirth is prevalent today in our community. Unlike in the past, nearly all women rest after giving birth. In the case of a herding woman who is occupied with household chores and when no other women are available to replace her, she is unlikely to take a long rest after giving birth. Postpartum rest depends on family circumstances and lifestyle.

Some traditional childbirth practices vanish once all the local women give birth in hospitals. Fewer people are concerned with traditional beliefs, such as serious health risks stemming from where the amniotic fluid is discarded, or the placenta is buried. However, some women said newborns have spots on their faces, are physically unwell, or often cry because they neglect the placenta or amniotic fluid in the hospital. Conventional solutions to the issue, such as providing bsang at the spot where the mother gave birth, are no longer possible. Though some traditions are vanishing, some continue to play important roles, such as consulting *bla ma* for rituals that should be performed before childbirth to ensure the safety of the mother and child, naming, and childcare. Dietary restrictions after delivery are comparable to the past. For example, it is believed that spicy foods, garlic, seasonings, and cold drinks harm the health of nursing mothers and their infants. Aside from that, locals continue to slaughter sheep for recuperation following a birth.

Based on what I've heard and my experiences as a local resident, Cesarean sections are uncommon among local illiterate women. Instead, it is typical for about four out of ten educated women who have a job in a local county, town, or city to have a C-section. Some do it to avoid labor contraction pain. Others do it because they believe vaginal birth will lead to vaginal cuts or impairment.

Local women mostly consider C-sections negatively since it weakens women physically and leads to various health concerns. Consequently, they insist on vaginal delivery though it is time-consuming and difficult.

ACCOUNT SIX: DPA' MTSHO SKYID (b. 1993)

I was born and raised in my home community's herding area. I grew up herding goat kids and lambs. I had a chance to attend school at the age of nine. I graduated from Northwest Nationalities University and now work as a

kindergarten teacher in Stong skor Community, [1] the herding community where my husband is from.

I delivered one child via Cesarean section in Khri ka County Hospital. I used pregnancy test papers to check whether I was pregnant. When positive, I went to the County Town Hospital for a B Ultrasound check. I visited obstetric doctors several times during my pregnancy for check-ups. During the third month, I had a four-dimensional Ultrasound of the fetus, and the doctor reported all was good. Some women had monthly check-ups. I didn't because I have heard and believed that too many examinations are bad for the baby.

I prepared clothes, quilts, diapers, and feeding bottles for my baby during my pregnancy.

I didn't do work requiring much physical strength during my pregnancy because I live in a large family with my parents-in-law, who are young, and my husband's brother and his wife. I was not needed for much physical work during my pregnancy. I helped cook, clean, and sometimes herded sheep in my family's fenced pastureland. I didn't need to care much about the sheep. My sister-in-law and I rented a room near the Jo khang Temple during my late pregnancy.[2] Every morning, I got up early to prostrate, circumambulate the religious assembly hall, and turn prayer wheels while chanting the Rje btsun sgrol ma[3] and Dmigs brtse ma[4] scriptures with my prayer beads every day. I also prayed to the Buddha to bless my baby and me during labor.

The doctor said the fetus lacked oxygen and recommended I breathe oxygen through an inhaler during my late pregnancy, so then inhaled oxygen for thirty minutes a day for about twenty days. I had delayed parturition, so the doctor asked me to take medication to induce delivery. I was hospitalized, had a physical examination, and took the prescribed drug. My labor contractions soon began. The intervals between contractions were long and continued for two days. The doctor

[1] Part of Mgo mang Township, Mang ra County.

[2] Founded by Sa paN kun dga' rgyal mtshan in 1244, the Jo khang/Jo jo lha khang was located in Khri ka County (Nian and Bai 1993:185). See Smith (2017:65) for a photo.

[3] "Tara is a tantric meditation deity whose practice is used by practitioners of the Tibetan branch of Vajrayana Buddhism to develop certain inner qualities and understand outer, inner, and secret teachings about compassion and emptiness" (https://bit.ly/3TAUEul 18 October 2022).

[4] "Aming at loving kindness, a prayer to Tsong kha pa" https://bit.ly/3VLiUvQ 18 October 2022.

advised me to have Cesarean delivery because it was not good for the baby to wait longer, and I reluctantly agreed.

It cost 4,500RMB with medical insurance to have a Cesarean section at Khri ka County Town Hospital. My siblings and relatives from my husband's family visited soon after delivery, and each gave me 20-300RMB, baby clothes, and fruit as gifts. My close friends sent red packets of 50-200RMB. It was reciprocal. They offered me gifts because I had gifted them when they gave birth.

I was allowed to leave the hospital after six days. The doctor had said I should rest for three months, but I rested for fifty days and gradually did some housework. I avoided consuming cold drinks and spicy food. Forty days after delivery, I had a physical check-up, and the doctor said the wound had recovered well.

The doctor said it was dangerous to become pregnant again soon after a C-section delivery and suggested I not become pregnant for two to three years. Three months after the delivery, I went to the hospital for a contraceptive ring.

I used commercial diapers for my baby but tried not to use too many because local women said wearing diapers frequently was detrimental to the baby's reproductive organs. That might be true because my daughter's vagina and the surrounding skin became red and seemed painful. I put her in diapers at night and when we left our home. In the daytime, I dressed her in open-crotch pants.

The first day after the C-section, the doctor told me not to consume any food. On the second day, I had a little porridge. Gradually I had chicken broth, yak bone soup, eggs, and sometimes vegetables to stay well nourished. My family also slaughtered a sheep and gave me blood sausages. My sister gave me a small bag of crushed zwa khyig 'nettles' and said it could help discharge bad things from the uterus, so I drank some of this after it was boiled with milk tea.

I breastfed my daughter until she was six months old and offered wheat flour-made soup from the second month since my breastmilk was insufficient. After weaning, I fed her milk diluted with water in a feeding bottle. I tried to add less milk since too much milk made her constipated, and then I used enemas or drugs to help her defecate. I introduced adult food in the fifth month and gradually increased the amount.

Today, there is an emerging phenomenon of young mothers having less breast milk than their mothers. Local women explain this as the result of consuming various carbonated beverages and junk food containing chemical additives. Besides, some young mothers try not to breastfeed their babies because it makes their breasts sag.

CONCLUSION

The cultural and religious practices and beliefs about childbirth described in this essay typify Bon skor Community. However, some details are not necessarily consistent with every family's custom. Families have different perspectives and conditions on, for instance, dietary restrictions, divinations during pregnancy, and postnatal care.

Many customs and practices associated with childbirth are disappearing as women increasingly give birth in hospitals. Divination continues to play a pivotal role in modern society. A diviner or *bla ma* is consulted to learn the hospital the expectant mother should go to for childbirth and what religious rituals should be done for the safety of the mother and the infant.

Giving birth in hospitals has prevented the death of many women from retained placenta, infection, and excessive bleeding after childbirth, which were huge concerns for women in the past.

In 2022, all local women will give birth at a hospital. This has become compulsory due to concerns about home labor's risks and obtaining a birth certificate for family registration. Moreover, widespread hospital delivery has persuaded locals to go to healthcare centers even though some have economic barriers. Being an exception would precipitate negative reactions or gossip. For example, the family is mean and stingy, not caring about the daughter-in-law's health.

According to my consultants, vaginal delivery at a local county town hospital cost around 4,000 RMB, half of which was covered by medical insurance. A C-section cost 8,500RMB in total, of which the family paid 4,500. The rest was covered by medical insurance. Real costs varied depending on the woman's health condition. She might have been asked to transfer to a provincial hospital, where expenses were often higher because of the advanced medical facilities and more highly specialized medical workers.

Furthermore, it is inevitable for local people to encounter linguistic barriers. Medical workers are Chinese and only speak Chinese, while many local women are illiterate and don't know Chinese, creating communication challenges. There are also

cultural barriers regarding diet and caring for the baby. Locals mainly consume barley flour instead of vegetables, porridge, and vegetables suggested by doctors. Local women tend to sleep with their babies, while doctors recommend sleeping separately.

Young generations rarely know how their previous generations gave birth, preferring contemporary childbirth practices they consider safer and more hygienic. C-sections are increasingly common among young women, partly because they believe vaginal delivery leads to vaginal cuts and impairments. Moreover, young mothers increasingly do not breastfeed their children since some lack breast milk while some are concerned about breast shape beauty. Mothers increasingly feed their babies milk powder and cow or yak milk.

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TIBETAN TERMS

'bru khral འབྲུ་ཁྲལ།
'byor med yar langs
འབྱོར་མེད་ཡར་ལངས།
'dzong khug འཛོང་ཁུག
a mdo ཨ་མདོ།
a rig lha khang ཨ་རིག་ལྷ་ཁང་།
bang chu བང་ཆུ།
bang lud བང་ལུད།
bang rtsag བང་རྩག
bla brang བླ་བྲང་།
bla ma བླ་མ།
bon po zhing kha བོན་པོ་ཞིང་ཁ།
bon skor བོན་སྐོར།
brag bya khyung བྲག་བྱ་ཁྱུང་།
bsang བསང་།
bsang chu བསང་ཆུ།
bsod nams rab brtan
བསོད་ནམས་རབ་བརྟན།
btsun kho བཙུན་ཁོ།
bu rogs བུ་རོགས།
bya khyung dgon ba
བྱ་ཁྱུང་དགོན་པ།
bya khyung rdo rje phag mo
བྱ་ཁྱུང་རྡོ་རྗེ་ཕག་མོ།
bya khyung yon tan dar rgyas
gling བྱ་ཁྱུང་ཡོན་ཏན་དར་རྒྱས་གླིང་།
bya mdo བྱ་མདོ།
byams skyid བྱམས་སྐྱིད།
bzang mo བཟང་མོ།
bzo zhing བཟོ་ཞིང་།
chos rje don grub rin chen
ཆོས་རྗེ་དོན་གྲུབ་རིན་ཆེན།
chu dkar dkar ཆུ་དཀར་དཀར།
chu nag nag ཆུ་ནག་ནག
chu ring ཆུ་རིང་།
dbab sha དབབ་ཤ
dge lugs དགེ་ལུགས།
dkar me དཀར་མེ།
dmigs brtse ma དམིགས་བརྩེ་མ།
dpa' mtsho skyid དཔའ་མཚོ་སྐྱིད།
gces ming གཅེས་མིང་།
gcod pa གཅོད་པ།
gri sha གྲི་ཤ
grib གྲིབ།
gsang sgrog གསང་སྒྲོག
gser chen གསེར་ཆེན།
gser gdung གསེར་གདུང་།
gzhug གཞུག (CT)
jo jo lha khang རྗོ་རྗོ་ལྷ་ཁང་།
jo khang རྗོ་ཁང་།
kan lho ཀན་ལྷོ།
kar mye ཀར་སྨྱེ། (CT)
kho tshe ཁོ་ཚེ།
khri ka ཁྲི་ཀ
khrus chu ཁྲུས་ཆུ།
klu mo tshe ring ཀླུ་མོ་ཚེ་རིང་།
lab rtse ལབ་རྩེ།
lag ljibs ལག་ལྗིབས།
lha sa ལྷ་ས།
lha mtsho ལྷ་མཚོ།
rgyu sha རྒྱུ་ཤ
ma Ni མ་ཎི།
mal gro gung dkar
མལ་གྲོ་གུང་དཀར།
mang ra མང་ར།
mgo log མགོ་ལོག
mgo mang མགོ་མང་།
mi dmangs gung hre
མི་དམངས་གུང་ཧྲེ།
mgo mang མགོ་མང་།

mo khyim མོ་ཁྱིམ།
mtsho lho མཚོ་ལྷོ།
mtsho sngon མཚོ་སྔོན།
nangchakja/snying lcags rgyal སྣྱིང་ལྕགས་རྒྱལ།
nga brgyad lo'i zing 'khrug ང་བརྒྱད་ལོའི་ཟིང་འཁྲུག
phag mo nor bu ཕག་མོ་ནོར་བུ།
pho khyim ཕོ་ཁྱིམ།
rdo rje dpal 'byor རྡོ་རྗེ་དཔལ་འབྱོར།
rdo sbis རྡོ་སྦིས།
rje btsun sgrol ma རྗེ་བཙུན་སྒྲོལ་མ།
rje tsong kha ba རྗེ་ཙོང་ཁ་བ།
rma chu རྨ་ཆུ།
rmu thag རྨུ་ཐག
rtsam pa རྩམ་པ།
sa paN kun dga' rgyal mtshan ས་པཎ་ཀུན་དགའ་རྒྱལ་མཚན།
sgrol mtsho སྒྲོལ་མཚོ།
sgo ra སྒོ་ར།
skal bzang tshe brtan སྐལ་བཟང་ཚེ་བརྟན།
sku 'bum སྐུ་འབུམ།
sku 'bum byams pa gling སྐུ་འབུམ་བྱམས་པ་གླིང་།
skyid dung སྐྱིད་དུང་།
snyan shal སྙན་ཤལ།
srog blu སྲོག་ཤིན།
srung 'khor སྲུང་འཁོར།
srung rtags སྲུང་རྟགས།
stong skor སྟོང་སྐོར།
tha khug ཐ་ཁུག
thab ka ཐབ་ཀ།
thang dkar ma ཐང་དཀར་མ།
ting pra ཏིང་ཁྲ།
tsong kha ཙོང་ཁ།
tshal rnga ཚལ་དཀྱིལ།
tshe blu ཚེ་ཤིན།
tshe chang ཚེ་ཆང་།
tshe dbang ཚེ་དབང་།
tshe gzungs skyid ཚེ་གཟུངས་སྐྱིད།
tshe sgrub ril bu ཚེ་སྒྲུབ་རིལ་བུ།
tshe thar ཚེ་ཐར།
yul lha ཡུལ་ལྷ།
za ma dka ngal gyi dus ཟ་མ་དཀའ་ངལ་གྱི་དུས།
zha nye skor ba ཞ་ཉེ་སྐོར་བ།
zhing sa sger la bgo ba ཞིང་ས་སྐེར་ལ་བགོ་བ།
zi ling ཟི་ལིང་།
zog lug sger la bgo ba རྩོག་ལུག་སྐེར་ལ་བགོ་བ།
zwa khyig ཟྭ་ཁྱིག

CHINESE TERMS

Baochandaohu 包产到户
dui 队
Gannan 甘南
gongfen 工分
Gonghe 共和
Guide 贵德
Guinan 贵南
Guoluo 果洛
Guomaying 过马营
Hainan 海南
Hualong 化隆
Huangzhong 湟中
Hui 回
jiezha 结扎

Longyangxia 龙羊峡
liangshui 粮税
Mozhugongka 墨竹工卡
mu 亩
Qinghai 青海
Qurang 曲让
renmin gongshe 人民公社
Salar, Sala 撒拉
Shagou 沙沟
Tanggemu 塘格木
Wangshenke 汪什科
Wenchangjia 文昌加
Xiahe 夏河
Xining 西宁
Xunhua 循化